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1. The organization of the health service in Poland has a dual aspect:

- (a) The territorial health service, which corresponds roughly to the territorial division of the country and is subordinate to the Ministry of Health.
- (b) The health services for certain specialized groups or professions, e.g. the health services of the UB, the armed forces, the PKP (Polish Railways) and of marine personnel (Morska Sluzba Zdrowia). The UB health service is subordinate to the health department of the Ministry of Public Security. The health service of the armed forces is subordinate to the health department of the Ministry of Defence. The other specialized Health Services are subordinate to the Ministry of Defence.

#### Territorial Organization

2. The territorial administration of the health service also has a dual aspect: The administration of professional doctors is counterbalanced by the administration of state officials.

3. The country is divided into health districts (obwod lekarski), which comprise a varying number of health centers (poradnia), hospitals and official doctors. The districts vary in size and facilities. At the head of each health district is a director (kierownik) who is a state official, not a doctor. Immediately below him is the district inspector, who is a doctor, and the district nurse (pielniarska obwodowa). This dual administration applies through all levels of the territorial health service: the smallest unit will have a state official as director, with the head doctor subordinate to him.

4. In principle this division of responsibility is not a bad idea. It releases the

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-2-

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head doctor of a health district from administrative burdens. In practice it leads to confusions which affect the quality of the health service. There are always situations where the director does not get on with the doctor and countermands his decisions, even on actual treatment of patients. The staffs of the centers do not know whom to obey.

5. The health centers each consist of a general section and a varying number of specialized sections. These specialized sections may include services for:

Rheumatic diseases  
Mother and child welfare  
Pre-natal patients  
Sick children  
Alcoholics  
Fung diseases  
Optical patients  
Internal diseases  
Ear, nose and throat diseases

6. Health service doctors also receive patients in their private surgeries (lekarz rejonowy) at home. There is no definite rule on when a patient should go to the health center and when to private surgery.

7. The above concerns 'open treatment', in contrast to the 'closed treatment' given in hospitals. A project is underway to establish bed wards at the health centers. Such wards, known as stacjonar, have already been established in a few centers.

8. Gdansk, for example, has about 10 health centers. The equipment is fairly modern. Three of the Gdansk centers are located, respectively, at:

Stocznia Gdanska, Gdansk  
Two buildings on the Ul. Oliwska, Nowy Port  
Aleja Rokossowskiego, Gdansk-Wrzeszcz

#### Priorities among Patients

9. A marked feature of the territorial health service is the frank priority of certain categories of patients. Apart from its normal functions of treatment of the sick, prevention of disease and public sanitation work, the nationalized health service in Poland is a political weapon. The priority of a citizen's right to medical care varies with his usefulness to the State, not with his degree of need. Every patient applying for medical care at a health center has his papers examined by a receptionist, who assigns him immediately to one of four categories:

- (a) The first category embraces state employees covered by health insurance--workers and office employees in state industries, state farms (PGR's), public administration and services, scientific and educational institutions. It also embraces miners, foundry workers and people in the merchant marine. Members of this category have full rights to all state medical services, e.g. doctor's care in the home, 'open' treatment in surgeries, 'closed' treatment in hospitals, medicine on doctor's prescription at 30% of the official price--or 10% in case of prolonged illness. Members of this category do have to pay the full price for bandages and dressings taken home. They have priority in obtaining treatment from specialists, in obtaining medical and pharmaceutical materials and in obtaining such services as children's creches and kindergartens. The official Polish propaganda describes the first group as 'the most valuable social element working in the state-owned means of production'. When teams of doctors are sent to localities which have few or no health centers, it is in the interest of this group of citizens. Expansion of the State health service is based on their needs.

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25X1

-3-

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- (b) The 2nd category embraces cooperative workers--members of agricultural cooperatives, artisan cooperatives, etc. They pay full prices for medicines and medical services. They may receive doctor's care at home, depending on the local situation (w granicach mozliwosci tereno'ych). If a doctor in making his rounds visits first the patient whose case is most serious instead of the patient with the highest priority, he may be accused of 'supporting less valuable social elements'.
- (c) The 3rd category embraces artisans and small or medium farmers, who work independently and employ no labor. Officially these citizens are the 'producers of small goods' (wytworcy drobno towarowi). They pay full prices for medicines and medical services. They are not entitled to doctor's care in the home. In areas where the progress of the agricultural cooperative movement is small, nothing is being done to develop the health service, and there are great shortages of medicines and medical equipment.
- (d) The 4th and lowest category embraces the 'small capitalists'--kulaks and owners of private shops and enterprises. This group has practically no right to State medical care. Since 'it does not work, merely drawing advantage from the work of others', it may, theoretically, get medical care but only after the needs of the 'working masses' have been satisfied. The only real medical care which it is likely to get is treatment during epidemics and first aid in case of accident.

10. "These categories are comparative. The persons in the first category receive better treatment than those below them, but it is qualified by the deficiencies in the health service itself: lack of sufficient supplies of medicine and equipment, lack of time, innumerable regulations and restrictions. It should be stated that some members of the health service do their best to squeeze in time for persons in the lower categories. They may also juggle the records so that these persons are mixed up with the free patients and do not have to pay for services.

#### Maternity Homes

11. "The territorial health service is working to establish maternity homes (izby porodowe) in rural areas. This is a marked advance, but progress is less than propaganda advertises. There are now about four such maternity homes in each administrative district (powiat). They accept only normal cases. Complicated delivery cases are directed to the hospitals.

12. "The staff of a typical maternity home consists of a qualified midwife, who is helped by two partly trained local girls. The girls do the cooking and cleaning and give minor assistance. The chief obstetrician of the district periodically visits the center.

13. "The popularity of these maternity homes was small at first; farmers' wives preferred to have their babies at home, and the equipment at the homes was limited. Bureaucracy complicates the work of the professional personnel. The midwife in charge of a maternity home receives quotas of such supplies as cotton, wool, gauze, anti-septics etc. in accordance with the orders she places with the health service distribution centers. She states that in March she needs supplies for four deliveries. The supplies will arrive late, and there is no chance to build up even a modest reserve. In emergencies these midwives go to the district town and persuade doctors known to them to issue prescriptions for surgical materials and bandages. The doctors are officially not supposed to issue such prescriptions, but they do.

#### Ambulance Service

14. "In case of accident a citizen may call an ambulance of the Pogotowie Ratunkowe. If the accident has happened in a town, the ambulance will arrive in 15-20 minutes.

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25X1

-4-

25X1

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15. "The number of ambulances is too small for existing needs. The ambulances themselves are in bad shape. The personnel work under heavy pressure.

Industrial Accidents

16. "Work accidents come under the jurisdiction of the BHIP (Bezpieczenstwo I Higiena Pracy--Bureau of Hygiene and Work Security). BHIP units or offices exist in every enterprise; the doctor of the enterprise is one of the members.

17. "Any serious work accident is investigated to find out the culprit and new precautions that should be taken. A state inspector, the BHIP unit, the management of the plant, the local trade union, often the UB, all get involved.

18. "Under social legislation an industrial worker who is the victim of a work accident is entitled to a pension, unless he was the guilty party. The amount of the pension depends on the 'percentage of incapacity', which is evaluated by a special commission. The pension is too small to support a person, but if a pensioner gets a job which yields him more than a certain minimum he loses the pension. No part-time jobs are available in Polish enterprises. It becomes a vicious circle. If a person is totally incapacitated, he receives a larger pension, but he also needs family support in order to exist.

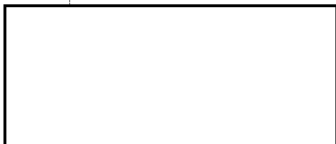
19. "If a man is killed at work, his family gets a special funeral allowance and his widow receives a pension. Again this pension is not enough to live on. She must get a job, but most jobs will pay more than the legal minimum and she will lose the pension."

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